## ENTRY BLANK—PLEASE TYPE OR PRINT

Ms./Artist  Mr./Artist	ndith Me	yer
Permanent 235	Edgerth	RU AKANA City LUZD
14303	Daytime Tel. ( <b>W</b>	1864-9176
Zip	area	4
Temporary or Studio Address		
	Street	City
	Daytime Tel. (	)
Zip	area	a
	ly live in one of the countienty where you born?	es of the Western
Collaborator (if any)		
Artist will pick up  Museum should di  Museum should sh		nse:
City	State	Zip
Special Instruction	ons	
Entry Blank must be owill not be accepted.	completed in full and signe	d; forms received unsigned
When necessary, Incl displaying an object.	ude instructions or a draw	ing for assembling and
understood that the M jects not picked up by	tes for both delivery and re Museum shall dispose for i y the dates given herein. It remain on exhibition until	ts own account any ob- Is also understood that
	ojects will be construed as d conditions printed herein AAA AAAA	
o.g.iataro e ///		
I have received the ur	nsold/unaccepted object(s)	in good condition.
Signature	is this	1

## ENTRY BLANKS

Detach entire portion along dotted line and submit with slides, but retain tags

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A S	culpture	☐ Craft	ts	(specify category			
Materials used	(media):						
amplic					4	18	
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